



# CITY OF TRINIDAD BUILDING DEPARTMENT

## LETTER TO EXEMPT

Contractor I.D. # \_\_\_\_\_

Dear Sir or Madam:

My Company \_\_\_\_\_

Is a ( ) Sole Proprietorship  
( ) Partnership  
( ) Corporation

And we have no employees, which makes us exempt from workers compensation insurance according to Section 9-61 part 5 Trinidad City Ordinance and statutory requirements.

Attest: \_\_\_\_\_  
Examinee Signature (Before a Notary Public if mailing)      Date

State of \_\_\_\_\_ )

\_\_\_\_\_ )

County of \_\_\_\_\_ )

The foregoing instrument was acknowledged before by

\_\_\_\_\_ on \_\_\_\_\_  
(name) (date)

Witness my hand and official seal

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public